Department of Health & Human Services Centers for Medicare & Medicaid Services 61 Forsyth St., Suite, 4T20 Atlanta, Georgia 30303-8909



April 3, 2008

Dr. Steven Oxley, Director John Umstead Hospital 1003 12<sup>th</sup> Street Butner, NC 27509

RE: CMS Certification Number (CCN): 34-4004

Dear Dr. Oxley:

Institutions accredited as hospitals by the Joint Commission (JC) are deemed to meet all of the Medicare Conditions of Participation for hospitals, with the exception of utilization review and the special staffing and medical record requirements for psychiatric hospitals. Section 1864 of the Social Security Act authorizes the Secretary of Health and Human Services to conduct surveys of accredited hospitals participating in the Medicare program if there are "substantial allegations" indicating serious deficiencies that could potentially affect the health and safety of patients.

A survey was conducted at John Umstead Hospital on November 27-30, 2007, with immediate jeopardy being identified. Copies of the deficiencies cited during the November 27-30, 2007 survey were sent to you previously and a follow up to these deficiencies and a full survey was conducted by the North Carolina State Survey Agency on December 20-21, 2007, determined that the conditions that led to the determination of immediate jeopardy were removed however; the facility did not meet the following conditions of participation:

42 CFR 482.12 Governing Body 42 CFR.23 Nursing Services 42 CFR 482.41 Physical Environment

As a result of this survey, your hospital was termination was set for March 30, 2008. A followup to this full survey was conducted on March 13, 2008. This survey determined that the conditions that led to the determination of immediate jeopardy were removed however; the facility does not meet the following conditions of participation:

> 42 CFR 482.12 Governing Body 42 CFR 482.13 Patients Rights 42 CFR 482.41 Physical Environment

When a hospital, regardless of its JCAHO accreditation status, is found to be out of compliance with one or more Conditions of Participation, a determination must be made that the facility no longer meets the requirements for participation as a provider of services in the Medicare program. Such a determination has been made in the case of John Umstead and, accordingly, the Medicare provider agreement between John Umstead and the Secretary of the Department of Health and Human Services is being terminated. This termination will be effective April 25, 2008.

The Medicare program will not make payment for inpatient hospital services furnished to patients who are admitted on or after April 25, 2008. For patients admitted prior to April 25, 2008, payment may continue to be made for a maximum of 30 days for inpatient hospital services furnished on or after April 25, 2008. You should submit as soon as possible, a list of names and Medicare claim numbers of beneficiaries in your hospital on April 25, 2008, to your fiscal intermediary to facilitate payment for these individuals.

We will publish a public notice in a local newspaper prior to the termination date. Termination can only be averted by correction of these deficiencies by April 25, 2008. Should we not hear from you, we will assume that the situation has not been corrected. If you believe that compliance has been achieved, you should notify CMS and the North Carolina State Survey Agency in writing on or before April 13, 2008, describing in detail the specific corrective measures taken to resolve these problems and include acceptable completion dates. An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency cited. The plan should address the processes that lead to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- 4) The title of the person responsible for implementing the acceptable plan of correction.

If your "credible allegation" of compliance is accepted, the State Survey Agency will be authorized to conduct a resurvey to determine if these conditions of have been corrected. Please be advised, however, that failure to correct these conditions that will result in your hospital's termination under Medicare, effective April 25, 2008. If the Centers for Medicare & Medicaid Services determines that the reasons for termination remain, the effective date of the termination remains April 25, 2008, and you will be so informed in writing. If corrections have been made, the termination procedures will be halted, and you will be notified in writing.

If you believe that this termination decision is incorrect, you may request a hearing before an Administrative Law Judge (ALJ) at the Departmental Appeals Board, Department of Health and Human Services. Procedures governing this process are set out in section 42 CFR 498.40, at seq. To be effective, a written request for a hearing must be filed not later than 60 days after the date you receive this letter. Such a request may be made to the following address:

Sandra M. Pace Associate Regional Administrator Centers for Medicare & Medicaid Services 61 Forsyth Street, SW. Suite 4T20 Atlanta, Georgia 30303-8909

We will forward your request to the Departmental Appeals Board. The request for a hearing should state why CMS's decision is considered incorrect, and should be accompanied by any evidence and arguments you may wish to bring to the attention of the Department of Health and Human Services. Evidence and arguments may be presented at the hearing, and you may be represented by legal counsel.

If there are any questions, please contact Janetta Booker at (404) 562-7343.

Sincerely.

Sandra M. Pacc

Associate Regional Administrator Division of Survey & Certification

Enclosure CMS 2567

CC:

JCAHO

State Agency

FORM APPROVED
OMB NO 0938-0391

AND FLAN OF CORRECTION IDENTIFICATION NUMBER		A BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A 043	body legally responded to the control of the contro	have an effective governing naible for the conduct of the tution. If a hospital does not governing body, the persons for the conduct of the hospital functions specified in this part	A 043			
	This CONDITION is not met as evidenced by Based on open record review, observation, staff and physician interview, hospital policy review, corrective action plan review and performance improvement data review, the hospital's leadership falled to ensure systems were in place to protect the rights of patients and maintain safety as evidenced by failing to ensure a safe environment that was trae of hazards, falling to ensure body alarms were worn by staff on duty according to policy, failing to monitor the utilization of body alarms and failing to maintain privacy. The hospital's leadership failed to arrange and maintain the facilities to ensure the safety of patients.					
4	environment by pla environment that w 14 current patents - cross refer to 48: Standard, Tag A01 B) The hospital for ware wern by staff	iled to maintain a safe acing a patient in an was not free of hazards for 1 of a sampled (#3) 2.13(c)(2) Patients' Rights,				
ABORATORY	DIRECTOR'S DR PROVIDE	ER SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(AN) DATE

Any deficiency statement anding with an asterick (1) genotes a deficiency which the institution may be natural from correcting providing it is determined that other safeguards provide strated above are disclosured by days following the date of survey whether or hot a plant of correction is provided. For nursing homes, the shows findings and plant of correction are disclosured to days following the date of survey whether or hot a plant of correction is provided. For nursing homes, the shows findings and plant of correction are disclosured to days following the date those documents are made evaluable to the facility. If deficiencies are died, in aspected plant of correction is requisite to continued program participation.

PRINTED. 03/26/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IXII PROVIDER/GUPPLIER/CLIA	A BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R	
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A 043	7 staff members (S) two Adult Admission 362 and 233)  - cross refer to 483 Standard, Tag A01  C) Based on revie procedures, corroc improvement data leadership staff fail alarms.  - cross refer to 483 A0267  D) The hospital fail failing to obscure the window into the pacurrent patients sail—cross refer to 483 Standard, Tag A01  E) The hospital fail environment ensurpations as referencempleted 12/20/21  - Cross-refer to 483 Standard Tag A 70  F) The hospital fail were not available patient nourishment refrigerator tompart terminal cloaning with the cross referencement of the company terminal cloaning with the control of the company terminal cloaning with the control of the c	Staff #2, 6 and 7) assigned to ens Unit (AAU) words (words  2.13(c)(2) Patients' Rights, 144  ew of facility policies and clive action plans, performance and staff interview facility illed to monitor staff use of body  2.21(a)(2) QAPI, Standard, Tag illed to maintain privacy by the view from an external alient's bedroom for 1 of 14 impled (#18).  2.13(c)(1) Patients' Rights, 143  alied to maintain the ring the sofety and well being of book in the Life Safety survey 2007.	A 043			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (R1) PROVIDERGUPPLIERCUA DENTIFICATION HUMBER  344004		A BULDING	covernuction	COMPLETED  R  03/14/2008		
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A 043	Environment Stan 482 13 PATIENT	2 41(c)(2) Physical card Tag A 724	A 043 (A 115)			
	Based on open re- and physician inte- corrective action of improvement data protect the rights of as evidenced by to environment that is ansure body alarm according to policy ublication of body privacy.  Findings include:  A) The hospital fa- environment by pt environment that is 14 current patients  — cross rater to 48 Standard, Tag AO  B) The hospital fa- were worn by staff 3 of 3 staff members	2.13(c)(2) Patients Rights,				

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	DE DEFICIENCIES CORRECTION	(X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER.	A BOIL	DING	ONE TRUE TOW	COMP	
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(A 115)	352 and 233).  - cross refer to 482 Standard, Tag A014 C) Based on review procedures, correct	s Unit (AAU) wards (wards 13(c)(2) Patients' Rights.	ĮA 1	15)			
A 143	toadarship staff faile blams.  - cross refer to 482 A0267  D) The hospital fail failing to obscure the window into the patieurent patients sent - cross refer to 482 Standard, Tag A014 482.13(c)(1) PATIEUPRIVACY  The patient has the This STANDARD is Based on observation hospital failed to main obscure the view for the patient's bedrood sampled (#16)  Findings include:  Observation during	21(a)(2) QAPI, Standard, Tag ed to maintain privacy by a view from an external ent's bedroom for 1 of 14 epied (#18) 13(c)(1) Patients' Rights.	*	143			1/22/08

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	of DENCENDES CORRECTION	INTERPOLICE HOLPPLIER CLAN IDENTIFICATION MEMBER. 344004	A BUILDING		COMPLETED  R  03/14/2008	
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	was a window that approximately 50 in an extensor wall on observation reveals privacy. Further obwas facing a road a approximately 50 towndow in the patie tour with a staff me \$18 was currently a interview revealed admitted to the roophor). The staff me had not been replacemoved the alumbic curtains on 03/06/2 revealed that the patient with the	rige 4 room with two beds. These measured 72 inches wide by sches long that was located on ground level. Further ed no window covering for servation revealed the window and parking lot that was a 75 yards away from the open rifs room. Interview during the interviewed that Patient admitted to room \$8. The that the policent had been in on 03/12/2008 (two days ember stated that the curtains ced after another patient had norm track that held the 608. The staff member attent could be observed of especially at hight with the ents room. The staff member patient's privacy had not been self member revealed that or rooms available on the ward as admitted and could not licent was placed in room \$8 privacy. The staff member and to move the patient to	A 143			
	The patient has the setting	right to receive care in a safe				
	The STANDARD	s not met as evidenced by:				

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CENTER	S FOR MEDICARE	A MEDICAID SERVICES			QMB N	10,0938-0391
STATEMENT	OF DEFICIENCIES (R1) PROMOTEDUPLIEUCUA (CENTELICATION NUMBER		A BUILDING	CONSTRUCTION	COMPLETED  R  03/14/2008	
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(A 144)	Based on open recand physician inter- review, the hospital environment by pla environment that will current potents ensure body alarmy according to policy #3, 4 and 5) and 3 and 7) assigned to (AAU) wards (ward Findings include:  A) Failed to mainty placing a patient in tree of hazards  1. Open record residual revealed a 48 yr to Room 8, ward 2: (AAU) en 03/02/20 disorder. The review petitioned for involudance to self after a residential neight physician's admiss revealed an order for further review of than order dated 03/06/2008; was allowed to go and started picking ground to amoke that and he started once back on ward revealed the patient escort him to the quality.	cord review, observation, staff view and hospital policy if failed to maintain a safe acing a patient in an instance for 1 of sampled (#3) and failed to be worn worn by staff on duty for 3 of 3 staff members (Staff of 7 staff members (Staff #2, 8 two Adult Admissions Unit	[A 144)			

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	OF DEFICIENCES COMMECTION	IN 1) PROVIDERSUPPLIERCUA IDENTIFICATION NUMBER	A BURLDING		E BUT 4/2008	
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(A 144)	Further review of the note written by State documented in error 2305 that document room because potential packet at the poke staff eye out is searched from and locked distraction and locked distraction. Observation during room #6, ward 233 with two beds. The measured 72 inches inches long that was on ground level. The paneled window with the paneled window with the ability wide. This window metal frame insert screen with a glass to inhibit the ability observation reveal privacy.  Observation on 03 ward 233, AAU revent with two beds. The exterior wall that we room #8. This window that were supported was 72 inches with held in place by two held in place by two	the nursing netts revealed a strat dated 02/08/2008 (date or, should be 03/06/2008) at stad "Patient apked to change ent had broken window frame od screen and broke frame of became upset, threstened to if anyone town him. Staff of found window screen and the. Put patient in different cor. Suponisor notified of the patient room or suponisor notified of a lour on 03/13/2008 at 1555 of AAU revealed is patient room or was a window that its window was separated into the window was separated into the bottom section containing a diff a lever that opened the contained a wire mesh a pane was covered with a that contained a wire mesh a panel covering on the interior to open the window. Further ed no window covering for 13/2008 at 1600 of room #7, realed another patient room ore was a window on the as identical to the window in dow had brenk niway curtains did by an aluminum track was a screws that were mounted rall approximately 12 inches	(A 144)			

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	DO DEFICIENCIES F CORRECTION	(KI) PROVIDERSUPPLIERGUA IDENTIFICATION NUMBER	(#2) MAG TIPLE CONSTRUCTION  # BUILDING:		(A3) DATE S	
Maria Parada	POVICER OR SUPPLIER		STREET ADDRESS, CITY STATE INF CODE 1003 12TH ST BUTNER, HC 27509			
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(A 144)	from each end. Ob track revealed the topuled away from the offert.  Interview on 03/13// revealed he was a sworking on 03/06/2// he was doing 30 mm. Patient #3's room (in stated the patient with member indicated the patient with member and window window was partiall stated he located to under the mattress patient was remove relocated to anothe. The staff member is after the patient was stated that he thoughthe curtain rod (also metal frame off that prevent access to the outside.  Interview on 03/13// revealed she was to the curtain rod (also metal frame off that prevent access to the outside.  Interview on 03/13// revealed she was the charge on 03/06/20 occurred. The staff incident occurred of was getting ready to shift when the incidestaff member states.	ge 7 servation of the aluminum rack was able to be partially the concrete wall with minimal.  2008 at 1555 with Staff #1 realth care technician that was 008. The staff member stated mute rounds and entered room #8). The staff member has in the room and the staff the staff member stated he track that holds the curtains the image under the matriess tated that then he noticed the frame were removed and the ty opened. The staff member the staff member stated (he defrom this room (#8) and the room an the same ward taled that room #8 was locked to moved. The staff member this he patient had removed minum (rack) and pried the contained the spreen to the window opening to the  2008 at 1615 with Staff #2 the registered nurse that was in 08 when the incident member stated that the uring change of shift and sho to give report to the oncoming ent was reported to the oncoming	(A 144			

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(A 144)	evidence was remo secured and the parroom. The staff me was locked offer the staff member reveal moved to another rearrangement as root confirmed that their moved to after their aluminum track atto identical to the one in room #8. The intincreased observation implemented after I interview confirmed an environment after identical to the staff despen out from the particular identical to the staff despen out from the particular identical to the staff despen out from the particular identical identica	yed from the room and bent was relocated to another imber revealed that room #8 is patient was relocated. The led that the patient was room with the identical window in #8. The staff member born led Patient #3 was reident contained an iched to the concrete wall that the patient had removed enview revealed that no on or precautions were he change of room. The that the patient was placed in in the incident that was rooment prior to the incident and precautions were ure the safety of the patient or 1008 at 1030 with plant enter the safety of the patient or 1008 at 1030 with plant enter the safety of the patient or 1008 at 1030 with plant enter the safety of the patient or 1008 at 1030 with plant enter the safety of the patient or 1008 at 1030 with plant enter the safety of the patient or 1008 at 1030 with plant enter the safety of the patient or 1008 at 1030 with plant enter the safety of the windows per and frame or 1008 at 1000 with the safety only of the patient of the morning of the safety with the technican indow frame after the incident of the curtain rod back up. It is the was not the first time the this was not the first time the	(A 144)			

FORM APPROVED OMB NO. 0938-0391

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(A 144)	aluminum trocks had they have had to replace where of the through a copy of shought as a secured. The plant operations aluminum trocks from the plant operations in the past, often it occurred. If that the aluminum trocks from the trocks from the plant operations in the past, often it occurred. If that the aluminum trocks from the interview reveal not viewed as a safe viewed as more of a interview further text patient #3 was move window arrangement confirmed that the removed to after the industrial to the one is in room #8. The interpatient was placed incident that was see prior to the incident precoutions were incident precoutions were incident that was see prior to the incident means and the precoutions were incident that was see prior to the incident means and the precoutions were incident that was see prior to the incident means and the precoutions were incident that was see prior to the incident means and the precoutions were incident that was see prior to the incident means and the precoutions were incident means and the precoutions were incident.	d been pulled down and that place them before	(A 144)			

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returnet of the	STEAD HOSP		100	T ADDRESS, GITY, STATE 24 G 3 12TH ST TNER, NC 27509	:00E		
PRETIS TAG	(EACH DEFICIEN	TATEMENT OF DEFICENCES CY MUST BE PRECEDED BY FUCI. FLEC IDENTIFYING INFORMATION	PAE/IX TAG	PROMOTES PLAN O FRACH CORRECTIVE AS CROSS-REFERENCED TO DETIGIE!	CTION SHOULD BE	COVERTION	
(A 144)	Unit Ward 232 on 31 the door to patient in open. Observation of conference, supply, housekeeping) door Observation of room mattress and linen () room. Further observation revealed hallway outside of the Interview during four 03/13/2008 at 1541 management staff in all rooms are locked group sessions on the room occupant in the door was open a revealed that from patient that occupies the room occupant in the door was open a revealed that the microwaled the staff was laying on the revealed that the microwaled the word that the microwaled that the microwaled the word the following that the microwaled that the microwaled the word the following that the microwaled that the microwaled the word the following that the microwaled the word that the microwaled	12/2006 at 1546 revealed, som 2 to be unlocked and of adjacent rooms (patient, medication, nourishment, is to be closed and locked, if 2 revealed a bedframe, no removable furniture) in the reation revealed a metal laying on the floor in open the entered the room, if multiple patients in the re room.  If of the AAU Ward 233 on with administrative nursing nember revealed the doors to a when patients are attending no ward. The interview if was left open because the did that patients other than and access to the room while and unlocked. The interview root loor. The interview root foot rest should have floor. Further interview and four patients identified on during tour. Further interview and four patients could potentially in by a patient on essault	(A 146)				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  JAMES TO PROVIDER SUPPLIER SUA IDENTIFICATION MANBER  344004		A frui	A MUREPING		COMPLETED R 03/14/2008	
nini videli mo	STEAD HOSP		STREET ADDRESS CITY STATE 2IP CODS 1002 12TH ST BUTNER, NC 27509				
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(A 144)	times while in any paystem has been in be worn on a warsh.  1. Observation on of ward 362 (behavior admissions Unit (Aumembers present of tour, interview during the was functioning interview with the has patients that hamaintenance patient episodes of aggres to patient ratios and stimulation. The interview is body alarms available drawer at the nurse stated that at staff alarms out of the dishift and wear them interview revealed for duty at 1500 (or interview with Staff the staff member withat reported to worneyealed that he had jubtained the body a interview with Staff the staff member withat reported to worneyealed that he had jubtained the body a linterview with Staff the staff member withat reported to worneyealed that he had jubtained the body a linterview with Staff the staff member withat reported to wo that reported to wo that reported to wo that reported to wo that reported to wo	ge 11 intent care area where the stalled. The body atarm may band belt or pocket."  D3/12/2008 at 1600 during tour lor stabilization unit), Adult AU) revealed three staff in the unit at the time of the ing the tour with Staff #3 rember was a registered nurse if as charge nurse of the unit surse revealed that the ward we been identified as "high its "that may have had son requiring increased staff if decreased environmental derview revealed Staff #3 did arm on at the time of the imember stated that she had not yet put the body alarm avealed that there were six ple and they were kept in a nig station. The staff member were supposed to get the awer at the beginning of the induring working hours. The the staff member had reported be hour prior to the tour). \$4 during the tour revealed as a health care technician is at 1500. The interview #4 did not have a body alarm or interview. The staff member ust arrived and nod not yet alloring from the drawer. #5 during the tour revealed on a health care technician is at 1500. The interview #4 did not have a body alarm from the drawer. #5 during the tour revealed on a health care technician is at 1500. The interview #4 did not have a body alarm from the drawer. #5 during the tour revealed on a health care technician is at 1500. The interview #5 during the tour revealed on a health care technician is at 1500. The interview #5 during the tour revealed on the staff member ust arrived and had not yet allows from the drawer.	(A	1443			

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	JOHN UMSTEAD HOSP			TADORESS CITY STATE 219 CODE 127H ST INER, NC 27509	
PRECIX TAG	TEACH DEFICIE	STATEMENT OF DEFICIONCES NOT MUST BE PRECEDED BY FULL OR LEC IDENTIFYING NY ORMATIONS	FREE/IX TAG	PROVIDER S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROPRIES OF THE	DEE COMPLETION
{A 144}	on at the time of the stated that he had time to put the bod interview on 03/14 administrative staff no monitoring on the (AAU ward 382) to body alarms was for 2. Observation on of Adult Admission revealed seven stated the time of the towith Staff #2 revealed that the with Staff #2 revealed that the with Staff #6 during member was a hear interview revealed body alarm on at the time with Staff #6 during member was a hear interview revealed body alarm on at the staff member state alarm off and place station. Interview revealed the staff in that was functioning the unit. The interview revealed the staff in the was functioning the unit. The interview of the staff interview. The staff left her body alarm Ouring the tour Staff interview. The staff left her body alarm.	e interview. The staff member just arrived and had not had y plantn on.  2008 at 1425 with a nursing member revealed there was as Bahaviaral Stabilization Unit ensure the policy for wearing showed.  D3/13/2008 at 1541 during four stand (AAU) Ward 233.  If members prosent on the unit our interview during the tour led the staff member was a at was functioning as charge interview with the nurse raid does utilize the use of one care for potients who have stall precautions. The Staff #2 did not have a body at the four revealed the staff lith care technician. The that Staff #8 did not have a he time of the interview. Interview of the that he had taken his body and on the dask in the nurse's with Staff #7 during the four member was a registered nursing as the medication nurse of mem prevealed that Staff #7 did aim on at the time of the fill member stated that she had in the medication room.  If #7 was observed to enter the not returned with her body.	(A 144)		

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	or denotehoits r connection	IXTI PROVOEROLPFLERICLA IDENTIFICATION MUNER	A BUILDING  B. WHIG		COMP	R
	IOVOCR OR SUPPLEA ISTEAD HOSP	2000	1003	T ADDRESS, DITY, STATE 27°C 137H-ST THER, NG 27509	State .	3/14/2008
PRESENT TAB	IEACH DEFICIE	STATEMENT OF DEHICHES NOT WIST BE PRECEDED BY FULL PLAC IDENTIFYING REDRIGHTSORY	PREFIX TAG	D AND ERBOYDRY CA PATORROOM NO. CROSS REFERENCED TO RECORDS	THOM SHOULD BE THE APPROPRIATE	CONVESTOR Coll
(A 144)	Interview during too 03/13/2008 at 1541 supervisor revealed wear body alarms of Further interview re policy regarding the 482/21(a)(2) QAP10 The hospital must natively indicators, or events, and other a	ge 13 If of AAU Ward 233 on I with a administrative nursing If that all staff members are to when on the ward with patients realed the staff failed to follow truse of body atarms GUALITY INDICATORS Treasure, analyze, and track including adverse patient espects of performance that of once, hospital services and	(A 144)			1/28/06
	Based on review of procedures, correct improvement data a leadership staff fails body alarms and Bulogs for medication refrigerators.  Findings include.  Review of the facility Plan for 2007-2008 Philosophy and Fra Improvement Appreciational Performance CARE Cycle. This performance improvement facility)T	vement activities employed at This process involves a th that must be applied to all				

OMB NO 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	TEMENT OF DEFICIENCIES (XT) PROVIDER/SUPPLIERICUM (XT) TRACTIFLE CONSTRUCTION DENTIFICATION NUMBER A BUILDING		COMPLETED  R  03/14/2008			
	STEAD HOSP		1003	I ADDRESS CITY STATE ZIP C 17TH ST NER, NG 27508	000€	
PREFIX TAG	IEACH DEFICIEN	STATEMENT OF DEFICIENCIES CY LIUST BE PRECEDED BY FULL ILSC IDENTIFYING DIFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O FEACH CORRECTIVE AS CROSS REFERENCED TO DEFICIE	CTION SHOULD BE THE APPROPRIATE	COURLET ON SAFE
A 267	improvement or pro- Consider (Plan) involute or going wrong. A all data collected an Review (Check) invitation were made basiduring the process engaging to imples scale basis  A facility loadership use of body slarms. Review of the hospit Systems' policy effer Purpose To provide staff. Policy: Body sta	cess-design activities C - bives considering what things - Act (Do) involves reviewing d determining trends. R bives reviewing the changes ed on the data collection E - Engage (Act) involves ment the changes on a full p staff failed to monitor staff tel's "Body Alarms/Security sective February 2008 revealed e protection for patients and alarms shall be worn at all alont care area where the staffed. The body alarm may land, belt or pocket."	A 257			

HIMDA HUL

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERGUERCUA IDENTIFICATION HUMBER	A BUILDING	CONSTRUCTION	100000000000000000000000000000000000000	COMPLETED	
		344004	B MIC		03	/14/2008	
	NOVOLR OR SUPPLIER		1003	FADDRESS, CITY, STATE ZIP CO 127H ST NERL NC 27509	DOE		
IX4) 10 PREFOX TAG	JEAGH DEFICIE	STATEMENT OF DEFICIENCIÉE INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING «IF ORNATION)	PREFIE TAG	FROMDERS PLAN OF FEACH CORRECTIVE AD CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COUPLETION DATE	
A 267	of the three staff will be supervisors will author observation were available for interview with administrations at 1425 alarms was considered improvement prioristaff safety. Interview construction that staff members of the tablity policy on will confirmed there will use of body alarms use of body alarms use of body alarms confirmed the facility performance improvement for improvement of body alarms as Correction.  B. facility leadership completion of temperatures and taboratory specific performance in the supervisors will author temperatures. Mosupervisors will author temperatures.	nit. Observation revealed none are wearing body alarms in revealed six body alarms in revealed six body alarms use in the nurses' station, inistrative nursing staff on revealed addressing body are a performance by for the facility for patient and liew revealed it is the aff will wear body alarms when post. Interview revealed the facility alarms, Interview as no data collected regerding a for the facility's Rehabilitation as the facility's leadership by the CARE process of overnent as outlined in the overnent Plan. Interview by's leadership staff falled to ement in the area of staff use outlined in the Plan of correction.  The staff failed to monitor contains the post for medication of the Plan of Correction.  B revealed 'Patient go/Refrigorator natoring. Nursing shift	A 267				

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CENTERS FOR MEDICARE &	JEDICAID SERVICES	OMB NO. 09				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIERCENA OCHTHICATION HURSCH 344004	R WING		COMPLETED  R 03/14/2008		
JOHN UMSTEAD HOSP		100	T ADDRESS CITY STATE, ZIP CODE DITTH ST THER. NC 27509			
PREFIX FEACH DEFICIENCY	TEMENT OF DEFICENCES MUST BE PRECEDED BY FULL 30 IDENTIFYING HE DRIMATION)	PROPRIETE PLAN OF CORRECTION SHOULD THE APPROPRIETE OF THE APPROPRIETE		DBE COMPLETION		
for specimen storage, revealed a "Refrigerat Reading (Check/Reco the top of the refrigerat form revealed a line next blank) and a line next blank. Further review temperatures recorder 2/1/2008, 2/11/2008, 3/11/2008, and no temperature from 2/1/2008.  2. Observation during Psychiatric Unit Ward revealed a refrigerator storage. Further obser "Refrigerator & Fronze (Check/Record Daily)" outside of the refrigerator for 3/1/2008, and no temperature freezer for 3/1/2008, and no temperature freezer for 3/1/2008, and no temperature for 3/1/2008.  3. Observation during Unit (AAU) Ward 232 revealed a refrigerator storage. Further obser "Refrigerator & Freeze (Check/Record Daily)"	respondence of the Adult Admission on 3/12/2008 at 1830  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at 1546  respondence of the Adult Admission on 3/12/2008 at	A 267				

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the second second	OF DEFICIENCIES CORRECTION			COMPLETED  R  03/14/2008			
31-43-6-1	STEAD HOSP			1003	ADDRESS CITY, STATE ZIP COOK 13TH ST NER, NC 27509		
PAEFIX TAG	IEACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FIRL RESC IDENTIFYING INFORMATION	PRET TAG		PROMOEKS PLAN OF COR- (CACH CORRECTIVE ACTION S CROSS REFERENCED TO THE A DEFICIENCY)	THOUAD BE	CONF. ETION
A 267	3-14-2008 at 1425 a completion of logs from the staff complete that staff complete that staff complete that staff complete the staff complete the staff complete the staff complete the temperatures for the temperatures of interview revealed the Adult Admission compliance with refiniterview revealed the adult Admission compliance with refiniterview revealed the staff faire of performance important interview the facility monitor for improve completing refingers outlaned in the Plant 482,23(b)(3) RN SUCARE  A registered nurse in the nursing care for the nursing care for the staff on open mediately levels and the nursing care for the nursing care for the staff on open mediately levels and the nursing care for	nistrative nursing staff on evealed addressing or refrigerator lemperatures enformance improvement sheafold it is the expectation the refrigerator logs at night, he supervisors failed to ry refrigerator on their date view confirmed there had then regarding monitoring of it the laboratory refrigerator patient specimens. Further had been revealed the result of the monitoring experience of the administrative staff was lidity of the monitoring ew confirmed the facility's ad to follow the CARE process tovernent as outlined in the venent Plan. Interview y's leadership staff failed to ment in the area of iter temperature logs as of Correction IPERVISION OF NURSING	(A:	267			

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CENTER	S FOR MEDICARE	MEDICAID SERVICES			OMB	NO. 0935-0391
	OF DEFICE WORLS	(X1) PROMOGRESUPPLIERC, IA IDENTIFICATION NUMBER, 344004	A BUILDING		CEST DATE SUPPLEY  COMPLETED  R  03/14/2008	
12000000	STEAD HOSP		1	REET ADDRESS CITY STATE ZP COC DOS 12TH ST BUTNER, NG 27509		
PREFIX TAG	KACH DEFICIEN	STATEMENT OF DEPIDENCES ICY MUST BE PRECEDED BY FULL R LSG IDENTIFYING THE ORMATION	PREFIX TAG	PROVIDER S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCE) TO TH DEFICIENCE	ON SHOULD BE	COMPLETION DATE
(A 395)	In 2 of 14 current of the findings included 1. Medical record in 33 year old patient and pneumonia. Ron 3-6-08 at 2308, patient to have puls amount of oxygen in neurs with vital sign pulse eximatry (pulsithan 88 %. Record ox was completed at 1130 time). Record review of why the patient of Record review for the patient of the patient of a 1130 on 3-7-08. The pulse ox was due a 1130 on 3-7-08. The pulse ox was due a neveraled there was why the patient did ordered.  2. Medical record is a 33 year old patient and pneumoniates and to call revealed the patient of the patient's temper minutes and to call revealed the patient.	consw of Patient # 8 revealed a admitted on 3-1-08 for enxiety eview of the record revealed (he physician ordered the is eximotry (measures the in the blood) done every 4 is and to notify the physician if se ex) was equal to or less review revealed the first pulse at 2330. Record review entation of a pulse on 3-7-08 (acheduled due to revealed no documentation aled no documentation of the first pulse ox done aled no documentation of the first pulse ox done	(A 385)			

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CENTERS FOR MEDICARE A MEDICAID SERVICES		MEDICAID SERVICES			- QMR	NO. 0935-0391
	OF DEPOSENCIES COMPECTION	(21) PROMOCRISUPPLIERICLIA (DENTIFICATION NUMBER, 344004	A BUILDING		EXHIDATE SURVEY COMPLETED  R 03/14/2008	
529052004	STEAD HOSP		1003	ACCOPESS CITY STATE ZIP CODE 12TH ST NERL NC 27509		
PREFIX TAG	IE ACH DETICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R 13C IDENTIFYING DIFORMATION	ID PROMDERS PLAN OF CORRECTION PREFIX JEACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		SHOULD BE	COUNTE CA.
(A 395)	Interview with the a 3-13-08 at 1145 revideumentation for the control of the cont	I review revealed the outfied until 2016 (21 minutes	(A 395)			
	revealed a 61 year D1/24/2008 with a disorder and moder oral intake. Review 02/26/08 at 1300 re milliters by Nasoga four times a day. Forders on 02/26/08 weigh patient weak healthcare technical signs/weight flowshidocumentation of wweight ordered). For technician flowshee	old patient admitted on liagnosis of schizoaffective ato nutritional risk with poor of physician's order on vealed a order for Ensure 360 astric tube (tube for feeding) unther review of physician's at 1300 revealed an order to by and record. Review of in flowsheet and vital eet revealed no sight on 2/26/08 (date woekly urther review of hoalthcard it revealed documentation of (8 days after physician order				
(A 404)	03/14/08 at 1400 re been scheduled the written. Further into should have been a confirmed there we weight on 02/26/08	nistrative nursing staff on wealed weight should have next morning after order enview revealed the weight ione on 02/27/08. Interview is no documentation of weekly or 02/27/05. TRATION OF DRUGS	(A 404)			

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	OF DEFICENCIES CORRECTION	EXT) PROVOCASUPPLIERCUA IDENTIFICATION NUMBER	DENTHICATION NUMBER		COMPLI COMPLI		
	OVICER OR SUPPLIER			1003	ADDRESS CITY STATE Z# CODE 131H ST NER, NC 27509		
PREFIX PREFIX	(EACH DEFICIE	STATEMENT OF DEFICENCES NOV MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATIONS	PREF		PROVIDER'S PLATOR CORRECTION SHE (EACH CORRECTIVE ACTION SH CROSS REFERENCED TO THE ANY DRIFTCHACY)	DIAD BE	CONN.ETON BATE
(A 404)	administered in ac State laws, the ord practitioners respo	tels must be prepared and cordance with Federal and lens of the practitioner or neible for the patient's care as 82 12(c), and accepted	ξA -	104)			
	Based on hospital review, medical re the nursing staff fa	is not met as evidenced by parameters for vital signs cord review and staff interview illed to administer medication orders in 1 of 14 open # 8)	Ť				
	The findings inclus	le.					
	Parameters for Vit service employees parameters listed it	e Auritary 98.6 - 98.6 Oral					
	33 year old patient and pneumonia. F on 3-1-08 at 1930, Acetaminophon (in milligrams by mout painflever. Record						

JUH ADMIN

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB N	0 0936-0391
	OF DEFICIENCIES CORRECTION	IXII PROMDERSUPPLIERCUA IDENTIFICATION NUMBER 344004	A BUNDING	SONSTRUCTION	COMPLETED  R  D3/14/2008	
Noncommunity	STEAD HOSP		1003	ADDRESS, CITY, STATE, 2P CODE 12TH ST NER, NG 27509		
(K4) ES PREFIX TAG	TEACH DEFICIEN	STATEMENT OF DEFICIENCIES YOY MUST BE PRECEDED BY FULL PLUSC IDENTIFYING INFORMATION)	PREMIE PROMDERS PLAN OF CORRECTION PREMIE HEACH CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY:		BECAN	COVETON DATE
documentation or patient's temperatively. Red documentation of from 0500 until 13 did not reveal why administered Ace temperatures on 3 interview with the 3-13-08 at 1145 c not administer Ac order for the patie (A 700) 482.41 PHYSICA		urther review revealed 3-8-08 at 0630 and 0815 the re was 101.6 and 101.5 rd review revealed no acetaminophen administration 10 on 3-8-08. Record review the patient was not aminophen for the increased 6-08 and 3-8-08 (2 times).  resistant director of nursing on referred the nursing staff did terminophen per the physician's t's fever	(A 404)			
	and to provide facilitizatment and for si appropriate to the management of the management of the facilities of the facil	tes for diagnosis and pecial hospital services needs of the community on not met as evidenced by one, fours of the hospital, staff by and procedure reviews as fe Safety survey completed spital falled to arrange and its ensuring the safety of				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/26/2008 FORM APPROVED OMB NO. 0835-0391

	OF DEFICIENCES CORRECTION	IXII PROVIDERSEPTLENCIA DENTIFICATION NUMBER	(A2) MULTIPLE CONSTRUCTION A BUILDING  P. WING		COMPLETED  R  03/14/2008	
DOMESTICAL	STEAD HOSP		1003	ADDRESS CITY STATE ZP C 12TH ST NER, NG 27509	1000	
PREFIX PALE TAG	KEACH DEFICIT	STATEMENT OF DEFICIENCIDS INCY MUST BE PRECEDED BY FULL OR LIG IDENTIFYING PHIDRIMATION)	PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AS CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O I I IS APPROPRIATE	במעירבי פאלג מין
(A 701)	Standard Tag A 70  2 The hospital fall were not available patient nourishmen refrigerator temper terminal chaining vidischarge and qual patient uso  —Cross-refer to 48 Environment Stand 482,41(a) MAINTE PLANT  The condition of the hospital environment	2 41(a) Physical Environment 31, siled to ensure axp rad supplies for patient use, supplies and nts were stored appropriately, ratures were monitored, was performed upon patient ality timen was available for 2,41(c)(2). Physical dard Tag A 724, ENANCE OF PHYSICAL we physical plant and the overall entimust be developed and a a manner that the sufely and	(A 701)			
	Continued non-cor observations and t the Life Safety sur hospital failed to m	is not met as evidenced by implance as evidenced by staff interviews referenced in very completed 12/20/2007, the naintain the environment y and well being of patients.				
	1. During tour of B	uilding 2 on 12/19/07, the west				

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	OF DEFICIENCIES CORRECTION	IN PROMOTRISHER LIA IDENTIFICATION NUMBER	A BOLDING			
	STEAD HOSP		1003	TADDRESS DITY STATE 2PG 12TH ST NER, NC 27509	ooe	
PREMIA TAG	(EACH DEFICE	STATEMENT OF DEFICICNCIES NOT MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDERS PLANTO (EACH CORRECTING AC GROSS RETERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETION BATE
(A 701)	exit door Ward 238 ware observed have the door hardware case of amorgency - Cross refer to Lift NFPA 101, Tog K () 2 Based on observation 8, 9, 10, 12, 13, 18 the means of egres way Cross refer to Lift NFPA 101, Tog K () 3, (a) Observation Buildings 3, 4, 5, 6, revealed, the facilit return air plenum. (b) Observation Buildings 15, 16, 11 revealed, the facilit return air plenum  Note: If a walver is certify that the folio Air handling units in detectors. (2) The smoke detection sy must be wired to the alarm system must units when activate - Cross refer to Lift NFPA 101, Tag K () 4. (a) Based on of	and east exit door. Ward 239 ang a hair pin or broken key in (mability to unlock doors in ). (Corrected on Site) a Salety Code Standard - 2038 viction during fours of Buildings 19, 22, 23, 24 on 12/19/07, as was not paved to a public a Safety Code Standard - 2038. a during fours on 12/19/07 of 7, 8, 9, 10, 11, 12, 13 and 14 y was uting the corridor as a a during fours on 12/20/07 of 7, 18, 19, 20, 21, 22, 23 and 24 y was using the comdor as a a requested, the provider must wing conditions are met. (1) must be equipped with smoke are must be a complete corridor astem. (3) Smoke detectors as fire alarm system. (4) Pire shut down alt air handling de Safety Code Standard -	(A 701)		(4)	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		TELL PROMOCRISHPHIERICHA IDENTFICATION NUMBER	S MAIG		COMPLETED  R  B3/14/2008	
	OMOCR OR SUPPLIER		1803	ADORESS CITY STATE OF C 13TH ST NER, NC 27509		
PREFEE TAG	IEACH DEFICE	STATEMENT OF DEFICIENCIES (MOY MUST BE PRECEDED BY FULL OR LSC (DENTH TING (MEORMATION)	D PREFIE TAG	PROVIDER S FLAN O KACH CORRECTIVE AC CROSS-REPERSINCED TO DEFICIEN	TION EMOULD BE	towarthen (4)
[A 701]	(a) Observation 12/18/07 there was 334). Room #13 visual a 3/4 hour do (c) The central was greater than the protected with a or sprinklered (d) Based on a Building 20 room to one hour protected (e) Based on a Building 23 Ward sprinkled or one hour protected (f) Based on o 3, Room 8, Ward conference room to storage/modical remains not a 3/4 to Cross refer to Line NEPA 101. Tag K	I sprinkled nor separated in during tour of Building 7 on a storago in room #13 (Ward was not sprinkled or separated or, supply room #482, Building 17 to 50 sq.R. and is currently not ne hour separation or separation or 12/20/07 to sprinklered in	(A 701)			
(A 724)	Facilities, supplies maintained to ons safety and quality.	and equipment must be use an acceptable level of	(A 724)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X3) PROMDERGUPPLIERGUA IDEMTITICATION NUMBER.	A BUILDING		COMPLETED R	
183 04	OVOER OF SUPPLIER	344004	1003	ADDRESS GITY STATE ZIP COD 12TH ST NER, NC 27508		V14/2008
PREFIX PAG TAG	(EACH DEFIDE	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING HIF DAMATION)	PREFIX TAG	PROVIDERS MANOF OF TEACH CORRECTIVE ACTION CROSS REFERENCED TO THE DEFICIENCY	E APPROPRIATE	CONTINUES DATE
(A 724)	during tours and a the hospital failed nourishments were 11 units toured. B were monitored for The lindings include. A) patient nourishmappropriately.  Review of facility of Services Infection Analysis Critical Collective September HANDLING AND SANI Services are tall within two days beyond expiration "Subject, ICC NO 5/1/2004 revealed Supplements/hour issued in accordant labels. Labels condate and for time to supplements/houring the subject of the following psychiatric Unit Wirevealed the following labeled with the pudates and times. If fruit (orangos) and had a manufacture for the supplements of the following the following for any supplements of the following for any	policy review, observation dministrative staff interviews to ensure. A) patient a stored appropriately for 2 of ) refrigerator temporatures r 3 of 11 units toured.  ted  ments were stored  rollicy "Subject: Nutrition Control HACCP (Hazard ontrol Point) Guidelines" er 2006 revealed, "C. FOOD STORAGE: 2 Storage: x beled, dated and discarded m. Products will not be used date. "Raview of facility policy DURISHMENTS" effective date , "Procedures. ishments are prepared and loce with computer generated lists of the patient name, ward, lists of the patient name, ward, list of the patient name, lis	(A 724)			
Q	2/28/2005 3 - (bra	[10] 지능하다 25를 열하고 있으로 생각하다는 것 같아요 하다가 있다면 보고				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVOCERGUPPLIERCUA IDENTIFICATION NUMBER	A RULDING		COMPLETED R 03/14/2008	
570 350	STEAD HOSP		1003	PADORESS, CITY, STATE ZIP CO 127H ST NER, NC 27609	90€	
PACEIX TAG	(FACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DRIESCIDENTIFYING INFORMATION!	PROFIN TAG	FROMDER'S PLAN OF ICACH CORRECTIVE AC CROSS REFERENCED TO DEFICIENT	TION SHOULD BE	CONNETION
(A 724)	Interview with the on 3/13/2008 at 14 the patient neurish labeled with the applicable), date a dietary staff should cups of pudding for refrigerator. Interview as unsure how to the refrigerator in ware available for 2. Observation du nourshment refrige Psychiatric Unit Wirevealed the follow taboled with patien and times. 5 - four diced peaches.  Interview with the applicable, date a unit director was unabled with the applicable), date a unit director was unabled with the applicable, date a unit director was unabled with the applicable, date a unit director was unabled with the applicable, date a unit director was unabled of facility positions. By retrigerator term. Review of facility positions infection. Analysis Critical Confective September HANDLING AND SRefrigerator and for monitored and recommendered and recommendered and recommendered.	director of Unit 532 during tour 197 revealed all food items in iment refrigarator should be proposed patient's name (if and time. Interview revealed that if have removed the expired om the nourishment new revealed that unit directoring the food items had been in iterview revealed the food items	(A 724)			

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICENCES AND PLAY OF CORPECTION		(X1) PROVIDERSUPPLIERCUA IDENTIFICATION HUMBER.	E MING		IXI DATE SURVEY COMPLETED  R 03/14/2008	
Burnstin	STEAD HOSP		1003	TADDRESS CITY STATE ZING 12TH ST NER, NC 27509		14/2/00
PACFIX TAG	IGACH DEFICIEN	TATEMENT OF DEFICIENCES CY MUST BE PRESEDED BY FUEL RESC IDENTIFYING INFORMATION	PREFEX TAG	PROVIDER BITAN D TEACH CORRECTIVE AS CROSS REFERENCED TO DEFICIEN	38 GUIDHE MOITS	1740 40471407 1740
(A 724)	(A 724) Continued From page 27  1 Observation during four of the dirty utility room located outside of AAU Ward 232 (in the natiway next to clevator #13) on 3/12/2008 at 1630 revealed a refrigerator labeled "biohassed" utilized for speckmen storage. Further observation revealed a "Reingerator & Freezer Thermometer Reading (Check/Record Dally)" form attached to the top of the refrigerator. Further review of the form revealed a line next to "Unit/ward" (left blank) and a line next to "Period Covered" left blank. Further review of the form revealed no temperatures recorded for the refrigerator for 2/1/2008, 2/11/2003, 3/4/2008, 3/7/2008, 3/11/2008, and no temperatures recorded for the freezer from 2/1/2008 thru 3/12/2008 (41 days).		(A 724)			
	that refrigerator and be checked and rec- temperature log for laboratory specimen. The hospital steff fail the refrigerator for 2 3/7/2008, 3/11/2008 2/1/2008 thru 3/12/2 interview confirmed.	n 3/12/2008 at 1630 revealed freezer temperatures are to				
	Psychiatric Unit Was ravealed a refrigerat storage Further ob Refrigerator & Free (Check/Record Daily outside of the refrige	ng tour of the Children's nd 532 on 3/13/2008 at 1440 for used for neurishment servation revealed a zer Thermometer Reading y/ form attached to the traiter door. Further review of bened Covered with 'March				

CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFIDENCES		(KT) PROVIDERGUPPLERICUM IDENTIFICATION HUMBER 3A4004	A BUILDING		(K3) CATE SURVEY CONFLETED  R 03/14/2008	
-	STEAD HOSP		1993	T ADDRESS CITY, STATE, 21P C TITH ST THER, NC 27509	000	
(84)10 98510 140	SEACH DEFICIE	STATEMENT OF GEFICENCES ACT MUST BE TRECEDED BY FULL A LSC ARMENTING PRORMATIONS	PRETIX TAS	PROVIDERS PLAN O (EACH CORRECTIVE AC CROSS REFERENCED TO DEFICE)	THE APPROPRIATE	COMPUTATION DO
[A 774]	OS (hand written on revealed no temper retrigerator for 3/1/2008, and no te freezer for 3/1/2008 3/8/2008.  Interview during too 3/14/2008 at 1435 if freezer temperature recorded daily on the retrigerators used to interview confirmed failed to record term for 3/1/2008, 3/2/20 for the freezer for 3 and 3/9/2008. Furth hospital staff failed retrigerator temperature (Check/Record Dail outside of the refrigerator & Free (Check/Record Dail outside of the refrigerator or freezer temperature for the retrigerator or freezer temperature recorded daily on the refrigerators used to interview revenied inter	a line)." Further observation returns recorded for the 2008, 3/2/2008, 3/7/2008, imperatures recorded for the 1, 3/6/2008, 3/8/2008, and ar with the unit director on revealed that refrigerator and its are to be checked and in temperature log for o store nourishments. Further the hospital nursing staff poratures for the refrigerator 108, 3/7/2008, 3/8/2008, and 7/2008, 3/8/2008, and 7/2008, 3/8/2008, and 7/2008, 3/8/2008, and 7/2008 are some confirmed the to follow policy regarding attire checks.  Ing four of the Adult Admission 3/2 on 3/12/2008 at 1546 after utilized for medication isservation revealed a czer Thermometer Reading ly)" form attached to the orator door. Further review atures recorded for the er for 3/5/2008.  If with the unit director on everaled that refrigerator and its are to be checked and its temperature log for o store medications. The tirs the responsibility of the	(A 724)			

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STATEMENT OF DEPICIONEE AND PLAN OF CORRECTION  (A1) PROVIDER/SUPPLIER/DLIA IDENTIFICATION FALABER  364004		A BUILDING		CASE DATE SURVEY COMPLETED R 03/14/2008	
************	DVIDER OG SUPPLIER STEAD HOSP		1003	T ADDRESS, CITY, STATE, RP CODE STITH ST TNER, NG 27509	
PREFA TAG	IEACH DEFICIEN	STATEMENT OF DEFICIENCES ICY MUST DE PRECEDED BY FULL R LEC DEMINYING PIFORMATION;	ID PROVIDERS PLAN OF COR PREFEX (EACH CORRECTIVE ACTION : TAG CROSS PREFERICED TO THE A DEFICIENCY)		LO BE COMPLETION
(A 724)	recorded on third at the nursing stall fail freezer temperature refrigerator on 3/5/2 confirmed the hospi	nift. The interview confirmed led to record a refrigerator and	(A 724)		